

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/520,810  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		2				
5		0				
6						
7		1				
8						
9		1				
10						
11		1				
12						
13		3				
14		3				
15		0				
16		0				
17		0				
18		0				
19						
20		1				
21		1				
22		2				
23		2				
24		0				
25						
26		1				
27						
28						
29						
30		1				
31		1				
32		1				
33		1				
34						
35						
36						
37		1				
38						
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48						
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53		1				
54		1				
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95						
96						
97						
98						
99						
100						
TOTAL IND.	8					
TOTAL DEP.	20					
TOTAL CLAIMS	28					